

ACH Debit Authorization Form
Hide-A-Way Hills Club
AVAILABLE FOR MONTHLY & ROADS ASSESSMENTS ONLY

 Name on Account (Print)

 Account Holder's Phone #

 Lot # Mailing Address

 City

 State

 Zip Code

I authorize the following:

- New Payment from Account Specified Below
- Change Indicated Below
- Discontinue Electronic Fund Transfer from Account Specified Below

Bank Account Information

Bank Name _____

- Account Type: Checking (**please attach a voided check**)
 Savings (**please attach deposit slip**)

Routing Number: _____

Account Number: _____

Authorization Effective Date: _____

<u>MONTHLY ASSESSMENT</u>	<u>ROADS ASSESSMENT</u>
Amount: <input type="checkbox"/> CURRENT MONTHLY ASSESSMENT OR <input type="checkbox"/> OTHER AMOUNT: \$ _____ (<u>NOTE:</u> if OTHER AMOUNT is entered, you will need to complete new form with each assessment increase.)	Amount: <input type="checkbox"/> CURRENT ROADS ASSESSMENT OR <input type="checkbox"/> OTHER AMOUNT: \$ _____
Payment Schedule: Monthly <input type="checkbox"/> 10 th of the Month <input type="checkbox"/> 20 th of the Month	Payment Schedule: Annual <input type="checkbox"/> March 10 th <input type="checkbox"/> March 20 th <input type="checkbox"/> April 10 th <input type="checkbox"/> April 20 th <input type="checkbox"/> May 10 th <input type="checkbox"/> May 20 th

I authorize Hide-A-Way Hills Club to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a \$35.00 non-sufficient fund (NSF) fee charged to my account for NSF debits.

Authorized Account Signature: _____ Date: _____

*****HAH OFFICE USE ONLY*****

 Date Entered

 By